

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18					1	
19						
20						
21						
22						
23						
24						
25						
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		8				
TOTAL DEP.		44				
TOTAL CLAIMS		52				